

SECTION 500

REPORTING INSTRUCTIONS

UCC WRITE-OFFS REPORT - Revised

Overview- This report enables hospitals to provide documentation on charity and bad debt write-offs and recoveries for **REGULATED HOSPITAL SERVICES**. **Do not include write-offs for unregulated services**. This information will assist the Commission in determining the sources of uncompensated care.

Your hospital's Write-Offs Report must be reconciled to charity and bad debts reported on Annual Report Schedule RE. We recognize that there are timing differences between write offs and accrual based accounting, and there may be reconciling differences.

The Write-Offs Report is to be submitted 30 days after the end of each calendar quarter.

The report may be considered late or not filed if the format prescribed is not followed to file this data. Please be sure that you have downloaded the most current Excel template for reporting the Uncompensated Care Write-Off Report.

Detailed Instructions

File Name

Upon submitting the initial file via Repliweb, the file name should include the Hospital's 6-digit Medicare I.D. Number as the main identifier, the reporting period, and the report name (e.g. 210001_FY15Q3_UCC.xlsx).

When submitting a revised file, it is imperative that the revision number is specified with each revised submission. It must not be named identical to the original file. (e.g. 210001_FY15Q3_UCCREV1, 210001_FY15Q3_UCCREV2, etc.)

Heading Section

The formatting must not be changed. It is contained in Rows 1 through 9 Columns A through F. **Please do not enter Write-Off Data above Row 10.**

Institution Name Line

Row 4 Column B. Enter in this cell the complete name of the reporting hospital.

Institution Number Line

Row 5 Column B. Enter in this cell the Hospital's 6-digit Medicare I.D. number. Do not enter hyphens, dashes or quotation marks. Example: Meritus Medical Center would be entered as 210001.

Please see attached list of hospital numbers for your reference.

Period

Row 4 Column E. Enter the 4 digit Fiscal Year (based on a July – June Schedule -2015) and the Quarter number (Q1=July-Sept, Q2=Oct-Dec, Q3=Jan-Mar, Q4=Apr-Jun). Example: January-March 2015 should be recorded as: 2015Q3

Reporting Section

This section begins with Row 10. Do not record Write-Off Data above Row 10. Do not include breaks for months (e.g., January, February) or summary lines (e.g., Sub Total, Grand Total). All data should be recorded on one worksheet -do not use a single worksheet for each month of the quarter.

Utilizing one line for each write-off (Charity, Bad Debt, or Recovery) provide the following information for each patient account with services written off to charity care, bad debt, or a patient account with funds recovered by your hospital in the calendar quarter:

Col. 1 Date of service – Enter in Column A from Row 10 down as needed – the date of service, e.g., date of admission or date of service for outpatient accounts. **This must be a valid single date of service in m/d/yy, e.g., 1/1/15 or 1/25/15. (Do not enter in text format. Do not include a grouping of dates e.g., 1/1/15-1/10/15). If the write-off is for more than one admission or outpatient visit, enter the date of the most recent service.**

Col. 2 Patient Account Number – Enter in Column B from Row 10 down as needed – the patient account number for the service being written off. If this is a recovery recorded as a group, please enter “**group**” for patient account number.

Col. 3 Total Amount Billed – Enter in Column C from Row 10 down as needed – the total amount of charges billed for **this** inpatient admission or outpatient visit. The total amount billed should never change. It should always be reported as the original amount billed. **This must be entered as a positive number.**

Col. 4 Charity, Bad Debt, or Recovery – Enter in Column D from Row 10 down as needed – Whether the amount of write-off is to Charity, Bad Debt or Recovery. **Please use one of the three types as written: Charity, Bad Debt, or Recovery. Do not include any other information in Column D.**

Col.5 Amount of Write-Off or Recovery – Enter in Column E from Row 10 down as needed – The total amount of the indicated type of write-off for Charity or Bad Debt. If the account is a recovery and a portion of the account was written off to both Charity and Bad Debt, please use a separate line to record the amount written off to Charity and Bad Debt. **Please enter the write-off amount as a positive number. Recovery amounts should be entered as negative numbers.**

Reversals: If a reversal of a write-off occurs, the write-off reversal should be recorded as a negative number in Col. 5 Amount of Write-Off or Recovery. (e.g., if an amount was written off to Bad Debt for \$100.00, and more information is received to then classify the amount as Charity, a (-\$100) would be entered for Bad Debt, and the Charity would be reported as instructed above for Col. 5.

Col. 6 Expected Payer – Enter in Column F from Row 10 down as needed – **The Expected Primary Payer Code** (excerpted from the FY2015 Maryland Hospital Inpatient Data Submission Elements and Formats, Data Item 21) as follows:

01 = Medicare

02 = Medicaid FFS Only and Pending Medicaid

03 = Title V

04 = Blue Cross

05 = Commercial Insurance, Other than Blue Cross

06 = Other Government Program

07 = Workmen’s Compensation

08 = Self Pay
09 = Charity (Patient was not charged for care)
10 = Other
11 = Donor
12 = HMO
14 = Medicaid HMO
15 = Medicare HMO
16 = Blue Cross – National Capital Area
17 = Blue Cross – Other State (Non-MD)
18 = International Insurance
99 = Unknown

Institution No. List

| | |
|--------|--|
| 210001 | Meritus Medical Center |
| 210002 | UMMC |
| 210003 | Prince George |
| 210004 | Holy Cross |
| 210005 | Frederick Memorial |
| 210006 | UM-Harford Memorial |
| 210008 | Mercy Medical Center |
| 210009 | Johns Hopkins Hospital |
| 210010 | UM-Shore Medical Dorchester |
| 210011 | St. Agnes |
| 210012 | Sinai |
| 210013 | Bon Secours |
| 210015 | MedStar Franklin Square |
| 210016 | Washington Adventist |
| 210017 | Garrett County |
| 210018 | MedStar Montgomery General |
| 210019 | Peninsula Regional |
| 210022 | Suburban |
| 210023 | Anne Arundel |
| 210024 | MedStar Union Memorial |
| 210027 | Western Maryland Health System |
| 210028 | MedStar St. Mary's |
| 210029 | Hopkins Bayview Med Ctr |
| 210030 | UM-Shore Medical Chestertown |
| 210032 | Union Hospital of Cecil County |
| 210033 | Carroll County Hospital Center |
| 210034 | MedStar Harbor Hospital |
| 210035 | UM-Charles Regional Medical Center |
| 210037 | UM-Shore Medical Easton |
| 210038 | UM-Midtown |
| 210039 | Calvert |
| 210040 | Northwest |
| 210043 | UM-Baltimore Washington |
| 210044 | G.B.M.C. |
| 210045 | McCready |
| 210048 | Howard County |
| 210049 | UM-Upper Chesapeake Health |
| 210051 | Doctors Community |
| 210055 | Laurel Regional |
| 210056 | MedStar Good Samaritan |
| 210057 | Shady Grove |
| 210058 | Um Rehabilitation & Orthopedic Institute |
| 210060 | Ft. Washington Medical Center |

| | |
|--------|-------------------------------|
| 210061 | Atlantic General |
| 210062 | MedStar Southern Maryland |
| 210063 | UM-St. Joseph |
| 210064 | Levindale |
| 210065 | Holy Cross Germantown |
| 210087 | Germantown Emergency Center |
| 210088 | Queen Anne's Emergency Center |
| 210333 | Bowie Emergency Center |
| 213300 | Mt. Washington Pediatrics |
| 214000 | Sheppard Pratt |
| 214003 | Brook Lane |
| 214013 | Adventist Behavioral Health |